

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/752,885

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     |               |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 26 minus 20 = | 6                        |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18=    | 108.   |
| X80=      | 80.    |
| +270=     |        |
| TOTAL     | 898.   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

7/18/05

|             | (Column 1)                                     | (Column 2)                         | (Column 3)               |
|-------------|--|------------------------------------|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|             | Total  | 26 Minus                           | 26 = 1                   |
|             | Independent                                    | 4 Minus                            | 4 = 1                    |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              | 50                     |
| X80=                | 360                    |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE | 410                    |

|             | (Column 1)                                     | (Column 2)                         | (Column 3)               |
|-------------|--|------------------------------------|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|             | Total  | Minus                              | =                        |
|             | Independent                                    | Minus                              | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|             | (Column 1)                                     | (Column 2)                         | (Column 3)               |
|-------------|--|------------------------------------|--------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|             | Total  | Minus                              | =                        |
|             | Independent                                    | Minus                              | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X40=                |                        |
| +135=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X80=                |                        |
| +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.